



Please fill the form in **BLOCK LETTERS**

Application No. _____

Schedule No. _____

GPU/MUNICIPAL CORPORATION/ NAGAR PANCHAYAT _____

PANCHAYAT WARD / MUNICIPAL WARD _____

Landmark	Street/ Road/Lane	
Area/Locality/Sector		
Village/Town/City	Post Office	
District	Sub-District	Sub Division
State	PIN Code	

FILEDS	MEMBER 1	MEMBER 2	MEMBER 3
Full Name			
S/o, W/o, D/o, C/o			
Age / DOB (dd/mm/yyyy)			
Gender			
Mobile / Phone			
Email			
Declaration	I declare that I have not enrolled earlier in any enrolment centre and the above information provided by me is correct.	I declare that I have not enrolled earlier in any enrolment centre and the above information provided by me is correct.	I declare that I have not enrolled earlier in any enrolment centre and the above information provided by me is correct.
Signature / Thumb Impression			

FILEDS	MEMBER 4	MEMBER 5	MEMBER 6
Full Name			
S/o, W/o, D/o, C/o			
Age / DOB (dd/mm/yyyy)			
Gender			
Mobile / Phone			
Email			
Declaration	I declare that I have not enrolled earlier in any enrolment centre and the above information provided by me is correct.	I declare that I have not enrolled earlier in any enrolment centre and the above information provided by me is correct.	I declare that I have not enrolled earlier in any enrolment centre and the above information provided by me is correct.
Signature / Thumb Impression			

कृपया आफ्नो ठेकाना सही लेखनुहवस् आधार कार्ड पोष्ट आफिस द्वारा तपाईंले दिनुभएको ठेकानामा दिइने छ।
Aadhar Card will be delivered through Post Office, please ensure correct address.